**Children and Young People’s Services**

**One Point and Think Family Personal Supervision Record**

**CONFIDENTIAL**

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| --- | --- |
| **Name of supervisee:** |  |
| **Name of supervisor:** |  |
| **Date of supervision:** |  |

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| --- |
| **Agenda (what we want to talk about)** |
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|  |  |
| --- | --- |
| **Progress towards actions from last supervision** | **Action**(By whom/when) |
|  |  |

|  |  |
| --- | --- |
| **Well Being*** **Health and Safety**
* **Personal matters, home life**
* **Sickness**
* **Flexi and Annual Leave**
 | **Action**(By whom/when) |
|  |  |
| **What is working well?*** Performance
* Management of work, priorities, caseload
* Current duties
 | **Action**(By whom/when) |
|  |  |
| * **What are you worried about?**
* Performance
* Management of work, priorities, caseload
* Current duties
* Any cases that are having a personal impact on you. URN Numbers **only** should be listed here
 | **Action**(By whom/when) |
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| --- | --- |
| **Development opportunities*** What impact have development opportunities had on your work, particularly with children and young people?
* New development needs, including those stated in your PDR and linked to the targets and objectives
 | **Action**(By whom/when) |
|  |  |
| **Tell me about something you have completed within your work in the last month that you are proud of?** |
|  |
|  **Job satisfaction** On a scale of 0-10, 10 being that everything to do with work is really good, and you feel happy and 0 is that you feel really unhappy about work and how things are going, where would you be today?  | **Action**(By whom/when) |
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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |

**Why did you rate this number?****What would be different for you if you were to move up the scale one?****Are there any actions could you take to achieve this?** |  |

|  |  |
| --- | --- |
| **Disagreements/differences of opinion*** Include any actions and timescales for follow up. Where possible this should be concluded prior to next supervision.
 | **Action**(By whom/when) |
|  |  |

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| **Read, agreed and signed as a true reflection of discussions by:** |
| Supervisee: |  | Date: |  |
| Supervisor: |  | Date: |  |

|  |  |
| --- | --- |
| Supervision recorded on MyView | Yes/No  |

|  |  |
| --- | --- |
| Date/time/venue of next supervision |  |